

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1940  
U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MAR 6 - 1940  
FILED APR 8 1940  
STANDARD CERTIFICATE OF DEATH  
State File No. 12517  
Registration District No. 784  
Primary Registration District No. 200  
Registrar's No. 468

1. PLACE OF DEATH:  
(a) County ST LOUIS  
(b) City or town St. Ferdinand RURAL  
(c) Name of hospital or institution: TEIVERVIEW & MADISON FERRY  
(d) Length of stay: ABOUT 1 YR  
In this community ABOUT 1 YR  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County ST LOUIS  
(c) City or town RURAL  
(d) Street No. TEIVERVIEW & MADISON FERRY  
(e) If foreign born, how long in U. S. A. 23 YEARS

3. (a) PRINT FULL NAME CHARLES SHOKAZTIS  
(b) If veteran (PR 540 NAVY) (c) Social Security No. ---

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased (Month) (Day) (Year)  
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8. AGE: Years about 55 YEARS Months --- Days --- If less than one day hr. min.

9. Birthplace RUSSIA  
(City, town, or county) (State or foreign country)

10. Usual occupation ---

11. Industry or business ---

12. Name --- 9  
13. Birthplace --- 9  
(City, town, or county) (State or foreign country)

14. Maiden name --- 9  
15. Birthplace --- 9  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carl Killen  
(b) Address 2504 Woodson Rd. Meriden  
(c) Place: burial or cremation St. Louis

17. (a) Signature of funeral director W. Richter  
(b) Address 3500 E. 1st St.  
(c) Date received local registrar MAR 6 - 1940

18. (a) Signature John S. Brown (M. D. or other) ---  
(b) Address --- Date signed ---

20. DATE OF DEATH: Month Feb day 4  
year 1940 hour --- minute --- M.

21. I hereby certify that I attended the deceased from ---, 19---, to ---, 19---;  
that I last saw him alive on ---, 19---;  
and that death occurred on the date and hour stated above.

Immediate cause of death --- Duration ---

Other conditions ---  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations ---  
Of autopsy ---

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) ---  
(b) Date of occurrence ---  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (e) Means of injury ---

23. Signature John S. Brown (M. D. or other) ---  
Address --- Date signed ---

(Licensed Emballer's Statement on Reverse Side)

WA 562

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**